

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10 593261

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3	2					
4	①					
5	①					
6	①					
7	①					
8	①					
9	①					
10	①					
11	①					
12	①					
13	①					
14	①					
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41	①					
42	①					
43	①					
44	①					
45	①					
46	①					
47	①					
48	①					
49	①					
50	①					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		①				
52		①				
53		①				
54		①				
55		①				
56		①				
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58		①				
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						